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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT APPLICATION EXAMINING OPERATIONS

Applicants: Sampsell et al.

Group Art Unit: 2873

Serial No.: 09/289,327

Examiner: Mack, R.

Filed: April 8, 1999

Title: PROJECTION DISPLAY SYSTEM USING POLARIZED LIGHT

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AMENDMENT

1600 ODS Tower
601 SW Second Avenue
Portland, Oregon 97204

August 1, 2001

Box Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

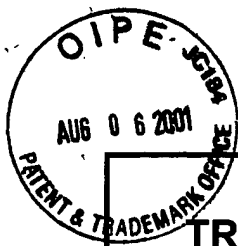
In response to the Office Action dated April 25, 2001, please amend the above-identified patent application as follows:

In the Claims:

- 1. (Amended Once). A polarization converter for use with a light source that generates a light beam having at least two light components, comprising an optics array

AMENDMENT

KLR:djs 7146.021 08/01/01



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/289,327
	Filing Date	April 8, 1999
	First Named Inventor	Jeffrey B. Sampsell
	Group Art Unit	2873
	Examiner Name	Mack, R.
Total Number of Pages in this Submission	Attorney Docket Number	KLR: 7146.021

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal <input checked="" type="checkbox"/> Fee attached form <input type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures (identify below) Amendment Check for \$110 Acknowledgment Postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	CHERNOFF, VILHAUER, McCLUNG & STENZEL LLP
Signature	Kevin L. Russell
Date	August 1, 2001

CERTIFICATE OF MAILING			
I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 <input checked="" type="checkbox"/> with sufficient postage as first class mail <input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
Type or print name	Kevin L. Russell		
Signature		Date	August 1, 2001

2873



FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$110

Complete If Known

Application No. 09/289,327
Filing Date April 8, 1999
First Named Inventor Jeffrey B. Sampsell
Examiner Name Mack, R.
Group/ Art Unit 2873
Atty. Docket No. KLR:7146.021

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to: Deposit Account Number 03-1550 Deposit Account Name Chernoff Vilhauer McClung & Stenzel <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 & 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)		105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge-late provisional filing fee or cover sheet 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1840* 113 1840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month 116 390 216 195 Extension for reply within second month 117 890 217 445 Extension for reply within third month 118 1,390 218 695 Extension for reply within fourth month 128 1,890 228 945 Extension for reply within fifth month 119 310 219 155 Notice of Appeal 120 310 220 155 Filing a brief in support of an appeal 121 270 221 135 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable 141 1,240 241 620 Petition to revive - unintentional 142 1,240 242 620 Utility issue fee (or reissue) 143 440 243 220 Design issue fee 144 600 244 300 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Petitions related to provisional applications 126 180 126 180 Submission of Information Disclosure Statement 561 40 581 40 Recording each patent assignment per property (times number of properties) 146 710 246 355 Filing a submission after final rejection (37 C.F.R. 1.129(a)) 149 710 249 355 For each additional invention to be examined (37 C.F.R. 1.129(b)) 179 710 279 355 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application Other fee (specify)	
SUBTOTAL (1) \$0		SUBTOTAL (2) \$0	
2. EXTRA CLAIM FEES Total Claims -20* = 18 X Fee from below 18 = Fee Paid 18 Indep. Claims -3* = 80 X Fee from below 80 = Fee Paid 80 Multiple Dependent = *or number of previously paid, if greater. For reissues, see below. Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)		SUBTOTAL (3) \$110	
SUBMITTED BY Name (print type) Kevin L. Russell Signature		Complete (if applicable) Reg. No. 38,292 Telephone (503) 227-5631 Date 08/01/01	